Application For A GALAX-C Hand-Held Trading Unit

Name:_____

Exchange: _____ Symbol: _____

Phone Number:_____ Secondary Phone Number:_____
(Cell/Pager)

Email Address:_____

Best time to reach you during the day: _____

Primary pit: _____ Secondary pit: _____

Type of seat at CME: ____ CME ____ IMM ____ IOM ____ GEM

Type of seat at CBOT:____ FULL ____ AM ____ GIM ____ COM ____ IDEM

What product(s) do you wish to trade? Product: _____

Are you currently a top step broker or fill in for a top step broker? **No** If **Yes**, what pit_____

City of Birth: _____ Date of Birth: _____

High School Attended: _____ Mother's Maiden Name: _____

I understand that I will be billed a monthly fee for the use of the hand-held equipment. I understand that if I receive approval for a hand-held device, failure to comply with any rules or regulations related to the device may result in revocation of my right to use such device and/or Exchange disciplinary action. I further understand that if I do not complete all requirements within 60 days, this application will be null and void. CME Group has the right to revoke this approval at any time.

Signed by: _____ **Date:** _____

Turn in application to the Technology Support Desk or fax to the GCC Admin Group at **(312) 715-6255.**
If you have any questions regarding this application please contact the GCC Admin Group at **(312) 580-5387**.